



CLARK COUNTY PUBLIC HEALTH

1601 East Fourth Plain Blvd. ♦ P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 ♦ Fax (360) 397-8091
www.clark.wa.gov

ESPRESSO CART PACKET

Before beginning operation or change ownership of an espresso cart, the following information must be provided to:

Clark County Environmental Public Health
1601 East Fourth Plain Blvd.
PO Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 FAX (360) 397-8091
Business Hours: Monday, Tuesday, Thursday & Friday, 8:00 a.m. to 4:30 p.m.
Wednesday, 9:00 a.m. to 4:30 p.m.

1. **PLAN REVIEW APPLICATION.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION.** Complete the green Food Service Establishment Permit form.
3. **MENU.** Provide a menu or a list of the foods to be served from the cart. List the food suppliers.
4. **METHOD OF FOOD PREPARATION.** Provide information on beverage and food preparation.
5. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
6. **CART PLAN.** Provide a schematic drawing, to a quarter inch scale (1/4 inch = one foot), of the proposed cart. This drawing must show the following:
 - Location of the hand wash sink.
 - Location of the hot water heater. Provide a "spec" sheet.
 - Location and size or capacity of the wastewater tanks.
 - Location, size and type (i.e. stainless steel) of the potable water tanks.
 - The type or brand of refrigeration units. These must be NSF refrigeration units.
 - Provide a brief description of the finish on the counter tops and flooring.
7. **EQUIPMENT AND UTENSIL CLEANING AND SANITIZING.** Provide a three-compartment sink in a licensed food service establishment where you equipment and utensils must be washed. Provide a letter of agreement for use of this of this facility.
8. **WASTEWATER DISPOSAL.** State the location of the mop sink used for wastewater disposal. Provide a letter of agreement for the use of this facility. If an RV dump site is used for wastewater holding tank disposal, a letter of agreement and site address for the facility must be provided.
9. **TOILET FACILITIES LOCATION.** Provide the location of toilet(s) to be used by employees. Provide a letter of agreement to use these facilities.

THE ABOVE ITEMS MUST BE SUBMITTED WHEN YOU PAY FOR YOUR PLAN REVIEW.

If any of these items are omitted, your plan review cannot be accepted.

PLEASE ALLOW AT LEAST TWO WEEKS FOR US TO REVIEW YOUR PLAN.

When the plan review has been reviewed and approved, a plan approval letter will be mailed. Then:

1. **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** Before opening for food/beverage service, there must be a pre-opening inspection. Please call (360) 397-8428 at least one week in advance to arrange this on-site inspection.
2. **PAY FOR ANNUAL FOOD ESTABLISHMENT PERMIT.** Before providing any food and/or beverage service, payment must be made for an annual food establishment permit.

Compliance required with the Rules & Regulations of the State Board of Health Standards for Food Service WAC 246-215.

WATER SUPPLY. Provide water and ice from a source under WAC 246-290 and monitored according to standards.

SEWAGE SYSTEM. Provide that all liquid wastes, including ice melt, are disposed into an approved sewage disposal system or stored in a waste water retention tank that is a least fifteen percent more capacity than the water tank.

FOOD SOURCE. All food, including ice, must be from an approved source or commissary and all prepackaged foods must be properly labeled.

STORAGE AND DISPLAY OF FOODS. All foods and utensils must be stored at least 6 inches off the ground. Protect food from contamination by insects, rodents and dust by the use of a sneeze guard, display case or other effective measures.

REFRIGERATION. Provide NSF refrigeration units sufficient for all necessary foods.

THERMOMETERS. Provide all refrigeration equipment with thermometers accurate $\pm 3^{\circ}$ F. Provide metal stem thermometer accurate to $\pm 2^{\circ}$ F to monitor hot and cold food temperatures.

HAND WASH SINK. Provide a hand wash sink that is accessible, convenient and **used exclusively for hand washing.** Hand wash sink shall have hot and cold water provided through a **mixing faucet.** Provide soap dispenser and single use paper towels at the sink.

PLUMBING. Any hose used to fill water tanks must be food grade or approved for potable water use. The hose must be retractable, stored in a sanitary manner off the ground and used for no other purpose than for potable water. Plumbing must be sized, installed and maintained in accordance with applicable State and local plumbing codes.

DISH WASHING FACILITIES. Provide a location for the cleaning and sanitizing of equipment and utensils, either a three-compartment sink with a drain board or a mechanical dishwasher with a three-compartment sink.

EQUIPMENT AND UTENSILS. Provide that equipment and utensils are cleanable, durable, in good repair and in conformance with the current standards and listings of the National Sanitation Foundation.

SINGLE SERVICE WARE. Only single service articles may be provided for use by the consumer.

SANITIZING SOLUTION. Provide a wiping cloth stored in an approved sanitizing solution at all times to clean up food spills, wipe work surfaces, counters, or equipment.

LOCATION. Provide the cart location so there is no overhead contamination. The floor/ground must be concrete, asphalt, or a cleanable surface with minimal dust or mud contamination.

SMOKING. The use of tobacco is prohibited in areas where food is served, stored, or where utensils are cleaned or stored.

GARBAGE STORAGE. Provide leak proof, vermin proof, covered containers. Provide for appropriate frequency of garbage pickup.

TOILETS. Toilets must be readily accessible and available within at least 200 feet of food service establishment. Toilet facilities must have a hand-washing sink with hot and cold water provided through a mixing faucet, soap dispenser and single use paper towels at the sink.

FOOD/BEVERAGE WORKER CARDS. All food and beverage service workers must obtain and maintain a valid Washington State Food and Beverage Worker card. The cards must be on site and available for inspection. For Food and Beverage Worker Card testing times and information, call (360) 397-8435.

For any further questions, please call the Clark County Health Department at (360) 397-8428 press option 0 and ask to speak with an Environmental Health Specialist in the Food Program.



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PLAN REVIEW APPLICATION FORM

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____
SITE ADDRESS _____ **CITY** _____ **STATE** WA **ZIP** _____
SITE PHONE NUMBER _____ **ESTIMATED OPENING DATE** _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____
BUSINESS OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.
OWNER NAME _____ **OWNER NAME** _____
OWNER NAME _____ **OWNER NAME** _____
BUSINESS ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
BUSINESS PHONE _____ **BUSINESS FAX** _____

IS THIS A CHANGE OF OWNERSHIP? NO ☐ YES ☐ **IF Yes, date of change:** _____
If Yes, previous name of the restaurant? _____
IS THIS: ☐ New construction or conversion of an existing building to a restaurant
☐ An existing restaurant/kitchen remodel
Construction company contact person _____ **PHONE** _____
BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?
Name _____ **Name** _____
Address _____ **Address** _____
City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

WATER: ☐ Amboy (CPU) ☐ BattleGround ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____
☐ Small Public Water Supply Name _____ ID# _____

SEWAGE: ☐ Public sewer ☐ On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment that you are planning.

☐ Restaurant ☐ School / Cafeteria ☐ Tavern/Bar ☐ Public Kitchen/Grange ☐ Motel/Hotel ☐ Bed & Breakfast ☐ Food Bank
☐ Espresso Cart ☐ Mobile Truck ☐ Little League ☐ Concession Stand/Cart ☐ Annual Itinerant ☐ Bakery (only) ☐ Caterer
☐ Grocery Store and ☐ Deli and ☐ Bakery and ☐ Meat/Fish Market ☐ Meat/Fish Market (only) ☐ Convenience Store ☐ Convenience Store & Deli

Hours of operation _____ **Number of employees per shift** _____

Anticipated number of meals served per day _____ **Anticipated seating capacity** _____

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ **ID #** _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

DATE PAID: _____ **IN:** _____ **OW:** _____
AMT RCVD: \$ _____ **AR:** _____ **FA:** _____ **EHS:** _____
EHA: _____ **SR:** _____ **PR:** _____



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FOOD SERVICE PERMIT APPLICATION FORM

This form must be completely filled out and signed for a new permit or to renew an existing permit.

FACILITY

RESTAURANT NAME or NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE _____ FAX NUMBER _____ E-MAIL _____

CHECK THIS BOX IF MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS ☐

IF NOT:

SITE MAILING (P.O. BOX) _____ CITY _____ STATE WA ZIP _____

OWNER

BUSINESS NAME OF or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

CHECK THIS BOX IF MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS ☐

IF NOT:

OWNER MAILING (P.O. BOX) _____ CITY _____ STATE _____ ZIP _____

BILLING INFORMATION

NAME _____ CARE OF _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE: (For restaurants and taverns only) WASHINGTON STATE TAX ID # _____

Check one: A. ☐ 0- \$250,000 B. ☐ \$250,000 - \$500,000 C. ☐ \$500,000 - \$750,000 D. ☐ \$750,000 - \$1,000,000 E. ☐ \$1,000,000 and over

IS THIS A CHANGE IN OWNERSHIP? NO ☐ YES ☐ If YES, date of change: _____ and previous establishment's name: _____

Does the above owner/company operate or own other food service establishments in Clark or Skamania County? YES ☐ NO ☐

IF YES, please list those establishments: _____

WATER: ☐ Amboy (CPU) ☐ BattleGround ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____
☐ Small Public Water Supply Name _____ and ID # _____

SEWAGE: ☐ Public Sewer ☐ On-site septic system. Last inspection or pumping date: _____ **Attach copy of this pumping/inspection.

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes the type of establishment you are operating.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Head Start / ECAP | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Farmer's Market | <input type="checkbox"/> with Deli | <input type="checkbox"/> Meat/Fish Market (only) |
| <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Convenience Store only | <input type="checkbox"/> with Bakery | <input type="checkbox"/> Bakery (only) |
| <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Convenience Store & Deli | <input type="checkbox"/> with Meat/Fish Market | <input type="checkbox"/> Espresso Cart/Stand |
| <input type="checkbox"/> Little League | <input type="checkbox"/> Concession Stand/Annual Itinerant | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Caterer |

APPLICANT'S SIGNATURE _____

DATE _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. I give the Clark County Health Department permission to verify the revenue information provided about this food establishment.

FOR OFFICIAL USE ONLY

DATE PAID: _____ IN _____ OW _____

AMT RCVD: \$ _____ AR _____ FA _____ EHS: _____

EHA: _____ SR _____ PR _____



ENVIRONMENTAL PUBLIC HEALTH DEPARTMENT 2009 FEE SCHEDULE

FOOD PLAN REVIEW

New Construction	\$500
Remodel	\$400
Annual Itinerant/Espresso	\$400
Non-profit	\$100
Change of Ownership	\$400
Change of Owner-No notification	\$500
Longer than 2 hours	\$100

RESTAURANT

Level 1 (A-B)	\$364
Level 1 (C-D)	\$650
Level 1 (E)	\$848
Level 2 (A-B)	\$598
Level 2 (C-D)	\$858
Level 2 (E)	\$1,040
Level 3 (A-B)	\$936
Level 3 (C-D)	\$1,196
Level 3 (E)	\$1,300

GROCERY

Base Permit	\$244
w/Meat Market	\$244
w/Bakery	\$244
w/Deli	\$390

ESTABLISHMENT PERMIT

Bed & Breakfast	\$244
Bakery	\$244
Caterer	\$494
Espresso Stand	\$244
Meat Market	\$244
Public Kitchen	\$244
Seasonal Permit	\$364
NFP Low	\$140
NFP Medium	\$281
NFP High	\$421

MOBILE TRUCK

Level 1 Low	\$244
Level 2 Medium	\$468
Level 3 High	\$728

ANNUAL ITINERANT

Level 1 Low	\$244
Level 2 Medium	\$442
Level 3 High	\$676

SEASONAL TEMPORARY PERMITS

1-3 Consecutive Days	\$130
4-21 Consecutive Days	\$260
Non-Profit 1-3 Days	\$78
Temporary Late Fee	\$52

FOOD FOLLOW-UP INSPECTION

Mandatory Follow-up Inspection	\$260
Food Probation Inspection	\$1,040

SCHOOL PLAN REVIEW

New Construction	\$572
Remodel	\$442
Portable Addition	\$244

SCHOOL PERMITS

Cafeteria Public/Private	\$489
Permit Student Store	\$182
Summer School	\$224
Head Start	\$224
School Safety Inspection	\$312
Additional Services Food Program	\$106/hr
Food Worker Card	\$10



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FOOD WORKER CARD TEST INFORMATION

TESTING DAYS & TIMES ~

WHEN: Monday, Tuesday, & Friday —
8:30 AM to 3:00 PM
Wednesday —
9:00 AM to 3:00 PM

WHERE: Clark County Public Health
1601 E. Fourth Plain Blvd.
Third Floor

- ◆ Registration closes at 3:00 PM.
- ◆ Applicants must complete testing *before* 4:15 PM.
- ◆ Children are not allowed in the testing room and should not be left unattended in the waiting area.
- ◆ For information call 397-8435.

FOR FIRST CARD ~

All food workers must have a Washington State food worker card before starting work. The first card is valid for 2 years.

- ◆ Read the Washington State Food and Beverage Worker's Manual **BEFORE** coming to the testing session.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch a 30-minute video on food safety.
- ◆ Pass the test. The written test may be taken in Spanish, Russian, Chinese, Vietnamese, Korean and English.

RENEWING CARDS ~

REPLACEMENT CARDS:

- ◆ Bring picture identification and fill out application form.
- ◆ Pay \$10.00 replacement fee.

TO RENEW CARD:

If card is renewed *before* the expiration date on the card, a 3 year card will be issued. The renewal period is **60 DAYS BEFORE** the card expires.

- ◆ Read the Washington State Food and Beverage Worker's Manual.
- ◆ Bring original or a photocopy of current card before it expires.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch the 30-minute video on food safety.
- ◆ Pass the test.

RENEWING CARD FOR 5 YEARS:

- ◆ Follow the procedure to renew a card.
- ◆ Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

SPECIAL NEEDS TESTING ~

Call 397-8428, Ext. 7249 for information and scheduling.

FOR GROUP TESTING ~

A group may schedule an on-site testing.

- ◆ Call 397-8428, Ext. 7249 to schedule a group testing.
- ◆ Have employees bring current food worker card and a picture ID to the testing site.
- ◆ Have employees read the Washington State Food and Beverage Worker's Manual.
- ◆ Employees will watch the 30-minute video and then take the written test.
- ◆ Pay \$205.00 group testing fee **AND** \$10.00 fee for each person who takes the test.
- ◆ Cards will be mailed or picked up at Environmental Public Health office upon receipt of payment.

ONLINE INFORMATION ~

Food Work information is available online: www.clark.wa.gov, type "food worker" in the search field and press the search button.

The Internet Food Safety Education Program video is now available online in either English or Spanish:

English site:

<http://ccph.gibbymedia.com/foodsafety2/>

Spanish site:

http://ccph.gibbymedia.com/foodsafety2_sp/

FOOD WORKER CARDS ARE VALID IN EVERY COUNTY IN WASHINGTON STATE.



For other formats, contact the Clark County ADA Office
Voice (360) 397-2000, **Relay** 711 or (800) 833-6388,
Fax (360) 397-6165, **E-mail** ADA@clark.wa.gov.